

Kentucky Secretary of State
TREY GRAYSON

Division of Corporations
BUSINESS FILINGS

P.O. Box 718
Frankfort, KY 40602
(502) 564-2848

<http://www.sos.ky.gov/>

Statement of Partnership Authority

KNG

1. Name of the partnership: _____
2. Complete address of its chief executive office (address must be a street address):

3. Complete address of the partnership's office in the state of Kentucky, if one exists:

4. Names and mailing addresses of all partners, or the name and mailing address of an agent appointed to maintain a list of names and mailing addresses of all partners (please designate if partner or agent):

5. The partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:
6. The partnership filed a Statement of Qualification on _____; or a Statement of Foreign Qualification on _____ with the Kentucky Secretary of State.

7. The authority or limitation on authority of some or all partners to enter into other transactions on behalf of the partnership is as follow:

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Executed by two partners on _____ (Day/Month/Year).

(Signature)

(Signature)

(Print or Type Name)

(Print or Type Name)

Instructions:

Submit this form with one (1) exact or conformed copy.

The filing fee is \$40.00.

Please make check payable to the "Kentucky State Treasurer."

All information must be completed or this document will not be accepted for filing.

KNG (08/2006)